## 05131999-90033-043-\$158.75-\$158.75

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

## FILED May 13, 1999 8:00 am Secretary of State 05-13-1999 90033 043 \*\*\*158.75

7	1999			CORPORATIONS			
DOCUMENT #  1. Corporation Name By WILLIAM CHARLES, INC.					* 5 6 1065 - 90079 - 32 5 *		
Principal Plac	e of Business	Mailing	Address	11.	_		
2216	US.#1	<i>a</i> a	16 U.S.	<del>4</del> 7			
VERO BEACH, FLA. YERO BEACH				CH, FLA.	DO NOT WRITE IN THIS SPACE		
32960 32960					3. Date Incorporated or Qualifed `		
	Place of Business	2a. Mai	iling Address		4. FEI Number	Api	slied For
21		28			65-0444131		Applicable
Suite, Apt.	#, etc.	<del>[</del> ]	te, Apt. #, etc.		5. Certificate of Status Desired	<b>\$8.75</b> A Fee Red	
22 City & Stat	te	(27	& State		5. Election Campaign Financing	\$5.00	May Be
23	- 	28			Trust Fund Contribution	Added to	Fees
Z(p	Country _	<b>├</b> ─		. Country _ ~			□No
24	9. Name and Address	of Current Registerer		30	10. Name and Address of New Regis		
			_	81 Name			
WILLIAM KNAPSTEIN 82 Street Addres					ress (P.O. Box Number is Not Acceptable)		
9125 CENTRAL Are.							
						(BE 2:0 C	ado .
Micco, FM. 32970 BA City						FL 85 Zip C	l l
11. Pursuant	to the provisions of Section	s 607.0502 and 607 45	508, Florida Statute	es, the above-named corporati	coration submits this statement for the purpoon's board of directors. I hereby accept the	ose of changing its appointment as rec	registered istered
agent. I a	im familiar with, and accept	the objections of Sec	607.0505. Flo	ida Statutes.	·····	the los	
SIGNATURE	$\mathbf{X} = \mathbf{I}/\mathbf{I}/\mathbf{I}/\mathbf{I}$	agistarted agents and take if appear	_ جہر	Registered Agent signature require		100/97_	
12.		ICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	PRESIDENT		[] DELETE	1.1 mlE		Change	☐ Addition :
NAME	WILLIAM KN			12 NAME			9
STREET ADDRESS	MICCO FA			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			20
TITLE	111100,20	4. J. 116	[] DELETE	21 TITLE		☐ Change	Addition C
NAME	1			2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP	<u> </u>		DELETE	2.4 CITY-ST-ZIP		Change	Addition
TITLE NAME			L. 00:2:12	3.2 NAME		_ ,	_
STREET ADDRESS		<del></del>		13 STREET ADORESS			
CITY-ST-ZIP			( ) per 675	3.4. CITY-ST-ZIP		Change	Addition
TITLE			☐ DELETE	4 1 TITLE		L] Grange	
NAME STREET ADDRESS				4.1 STREET ADDRESS			}
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE			DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME				5.2 NAME 5.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	(			54 CITY-ST-ZIP			
TITLE	<del>                                     </del>		DELETE	6.1 TITLE		☐ Change	Addition
NAME	}			62 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP	certify that the information of	upplied with this filing o	ioes not qualify for	64 CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes.   furth	er certify that the in	formation
indicated	on this annual report or suf	oplemental annual report the received or this te	ert is true and accel	ate and that my signature	e shall have the same logal effect as if madi ired by Chapter 607, Florida Statutes; and i	e under oath; that I i hat my name appea	am an ars in
Block 12	or Block 13 if changed or o	on an attachment with a	in address, with	other like empowered.	الدين	Sa/-	
SIGNAT	TIRE: // /		1/1/		1/20/00	562-510	/
SIGITAL	CONTUBE A	NO TYPED OR PRINTED HAM	BOX GNING OFFICER	OR DIRECTOR	Date	Daytime Phone #	